MICHAEL A. MAURO SECRETARY OF STATE



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U.S. ELECT**DUCAS BISTAING** 1st Floor COMM**SE** (Moines, IA 50319

2007 MAY -4 PM 2: 25

OFFICE OF THE IOWA SECRETARY OF STATE

March 26, 2007

Edgardo Cortes U.S. Election Assistance Commission 1225 New York Avenue, N.W. Suite 1100 Washington, DC 20005

RE: Revised FFY05 Iowa Title II § 251 reports

Dear Edgardo:

On or about January 25, 2007 Iowa complied with your request for amended financial status reports for FFY04 and FFY05.

Enclosed is another revised FFY05 financial status report. This revision is a result of a recent review of all HAVA expenditures. The FFY05 report includes adjustments to correct errors previously reported on the Title I, Title II and accessibility grant reports.

The FFY06 financial status report, which was sent to Peggy Sims today, also includes adjustments to correct errors previously reported on the Title I, Title II and accessibility grant reports.

Please let me know if you would like a copy of the FFY06 report sent to your attention or if additional information or corrective action is required. I can be reached at either 515-281-8361 or ann.clary@sos.state.ia.us if you have any questions or concerns regarding these reports.

Sincerely,

Ann Clary Fiscal Officer

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RECEIVFINANCIAL STATUS REPORT U.S. ELECTION ASSIST/(A) (1) Form) COMMIS (FO) Instructions on the back)



	and Organizational Element	Federal Grant or Other Identifying Number Assigned		OMB Approval Page of			
US Election Assistance Commission 11 Title II 251 3 2					No. 0348-0039	1 1	
	nization (Name and complete ad			page			
1	y of State - State Capitol,		s Iowa 50319				
4. Employer Identification Number 5. Recipient Account Numb			er or Identifying Number 6. Final Report		7. Basis		
I		CFDA # 90.401		☑ Yes ☐ No	·		
1	Period (See instructions)	To: (Month, Day, Year)	9. Period Covered by t	•	IT 44 D		
From: (Month, Day, Year) To: (Month, Day, 6/17/2004		To. (wioridi, day, Tear)	From: (Month, Day, Year) 10/1/2003		To: (Month, Day, Year) 9/30/2004		
10. Transactions:			I I	1	JII		
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a. Total outlays				121,756.20	121,756.20		
b. Refunds, n	ebates, etc.				0.00		
c. Program in	ncome used in accordance with t	he deduction alternative			0.00		
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	(in-kind) contributions ral awards authorized to be used	to match this award		<u> </u>		0.00	
						0.00	
g. Program ind sharing alte	come used in accordance with the mative	e matching or cost				0.00	
h. All other rec	cipient outlays not shown on lines	e, for g				0.00	
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j. Federal sha	re of net outlays (line d less line	<i>y</i>	0.00	121,756.20	12	21,756.20	
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m. Federal sh	are of unliquidated obligations	· · · · · · · · · · · · · · · · · · ·					
n. Total Federal share (sum of lines j and m)							
n. Total Federa	al share (sum of lines j and m)			rear our property and	12	21,756.20	
	al share (sum of lines j and m) al funds authorized for this fundir	ig period				21,756.20	
o. Total Feder					23,73	39,383.00	
o. Total Feder	al funds authorized for this fundir d balance of Federal funds (<i>Line</i>				23,73		
o. Total Feder	al funds authorized for this fundir d balance of Federal funds (<i>Line</i>	o minus line n)			23,73	39,383.00	
o. Total Feder p. Unobligated Program income, q. Disbursed p	al funds authorized for this fundir balance of Federal funds (Line consisting of:	o <i>minus line n)</i> : and/or g above			23,73	39,383.00	
o. Total Feder p. Unobligated Program income, q. Disbursed p	al funds authorized for this fundir d balance of Federal funds (Line consisting of: program income shown on lines o	o <i>minus line n)</i> : and/or g above			23,73	39,383.00	
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269-104

Standard Form 269 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

NBN 7540-01-012-4285

FILE COPY

FINANCIAL STATUS REPORT

(Long Form)

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1. Federal Agency	and Organizational Element	2. Federal Grant or Other Ide	antifying Number Asalgne	d	OMB Approval No.	Page	of	
to Which Report		By Federal Agency					1	
US Election Assistance Commission Tille II, 251					0348-0039		pages	
	ization (Name and complete s							
lows Secretary	of State - State Capitol,	Room 105, Des Moines	lows 50319					
		5. Recipient Account Number	e oe idoniking Namber	6. Final Report	7. Basis			
4. Employer Identifi 42-6084571	Canon Number	CFDA # 90.401	Or 1041(brying (schilloch	Yes No	☑ Cash ☐ Account		lat	
	anod (See instructions)		9. Period Covered by 0	1				
From: (Month, D.		To: (Month, Day, Year)	From: (Month, Day, Year)		To: (Month, Da)	, Year	}	
8/17/2004	,		10/1/2003 9/3		9/30/2004			
10. Transactions:	•					110		
			Previously Reported	This Period	Cumulative			
p, Total outlays			121,756.20	20 121,7		156.20		
b. Refunds, re	bates, etc.						0.00	
	.—						0.00	
c. Progrem in	come weed in accordance with	the deduction elemeters					0.00	
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e. Third party (in-kind) contributions						0.00	
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j. 100000		*	0.00	121,756,20		121,7	56.20	
k. Total unilqui	ideted obligations			Tight for minds containing				
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			and the first of the second	まってきょう はんしゅうじょ 日本 はっしょう しょく				
t. Total progra	ım income realized (Sum of line	os q. rand š)					0.00	
	g. Type of Rate (Place "X"	a anomodeta borl	Indianal disease.	15 - 44: Telmobald abenut & Bibellieru	<u>, </u>			
11. Indirect	Provisi		termined	D Final	☐ Fixed			
Екрипла	b. Reta	с. Веле	d. Total Amount	9. 1	Federal Share			
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12. Remarks: All	acn any explanationa deemed	necessary or information requ	irad by Federal sponsori	ng agency in compliance	with			
governing leg	ridation.	lch = \$1,188,000.00; MC	C heelpolee balans	(SEVOA) = 342 R	19 50: MOE e	andla	n	
Interest Earne balance = 273	d = 21,872.42; State Ma : 155: State Match amou	nt of \$423,000 and Intere	est payments are co	-mingled with HAV	A federal fund	is is	9	
13. Cardication:	I certify to the best of my kr	owledge and ballef that this r	eport is correct and co	mplete and that all out	aya and			
	unitquidated obligations are	for the purposes set forth in	the award documents.					
Typed or Printed Name and Title				Telephone (Area code, 515-281-8361	number and exte	maión)		
Ann Çlary, acc				ļ ·	*			
Signature of Author	paya Cartifying Official			January 25, 2007				
CALVILL.	xaruy .	28B-1		Standard Form 269 (Re			cv. 7-97	
Provious Edition Lis	IADM (/	20H-1						

Standard Form 269 (Rev. 7-97) Prescribed by OME Circulate A-102 and A-110